

DECLARATION FOR PATENT APPLICATION AND APPOINTMENT OF ATTORNEY

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name; I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention (Design, if applicable) entitled:

Wireless Vital Signs Transmission Device In A Physiological Detector

the specification of which (check one):

☒ is attached hereto, or ☐ was filed on:

as U.S. Application Number or PCT International

Application Number:

and (if applicable) was amended on:

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in *Title 37, Code of Federal Regulations*, §1.56. I hereby claim foreign priority benefits under *Title 35, United States Code* §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN APPLICATION(S)			PRIORITY CLAIMED	
Number	Country	Day/Month/Year Filed	Yes	No

☐ Additional Priority Application(s) Listed on Following Page(s)

I HEREBY CLAIM THE BENEFIT UNDER TITLE 35 U.S. CODE §119(E) OF ANY U.S. PROVISIONAL APPLICATIONS LISTED BELOW.	
Application Number	Day/Month/Year Filed

☐ Additional Provisional Application(s) Listed on Following Page(s)

I hereby claim the benefit under *Title 35, United States Code*, §120 of any United States application(s) or PCT international application(s) designating The United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of *Title 35, United States Code*, §112, I acknowledge the duty to disclose information which is material to patentability as defined in *Title 37, Code of Federal Regulations*, §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

Application Number	Filing Date	Status - Patented, Pending or Abandoned

☐ Additional US/PCT Priority Application(s) listed on Following Page(s)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under *section 1001 of title 18 of the United States Code* and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

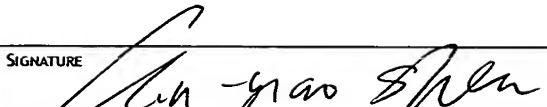
POWER OF ATTORNEY: I (We) hereby appoint as my (our) attorneys, with full powers of substitution and revocation, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

APEX JURIS PLLC

I(we) authorize my(our) attorneys to accept and follow instructions from Asian Pacific INT'L P & T Office regarding any matter related to the preparation, examination, grant and maintenance of this application, any continuation, continuation-in-part or divisional based thereon, and any patent resulting therefrom, until I(we) or my(our) assigns withdraw this authorization in writing.

Send correspondence to:
13194 Edgewater Lane Northeast Seattle,
Washington 98125, U.S.A.

Telephone Calls to:
206-664-0314

FULL NAME OF FIRST OR SOLE INVENTOR Yuan-Yao SHEN	CITIZENSHIP Taiwan, R.O.C.
RESIDENCE ADDRESS 5F1., No. 8, Lane 132, Dann Rd., Daan Chiu, Taipei, Taiwan, R.O.C.	POST OFFICE ADDRESS IS THE SAME AS RESIDENCE ADDRESS UNLESS OTHERWISE SHOWN BELOW
DATE Oct. 15, 2003	SIGNATURE 

☐ See following page(s) for additional joint inventors.

*Independent Inventor***VERIFIED STATEMENT (DECLARATION) BY AN INDEPENDENT INVENTOR
CLAIMING SMALL ENTITY STATUS UNDER 37 CFR 1.9(f) AND 1.27(b)**

Applicant or Patentee: Yuan-Yao SHEN

Docket #:

Serial or Patent Number:

Group Art Unit:

Filed or Issued:

Examiner:

Title: Wireless Vital Signs Transmission Device In A
Physiological Detector

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office with regard to the matter described in:

- ☒ The specification filed herewith, with the title as listed above.
☐ The patent application identified above.
☐ The PCT international patent application identified above.
☐ The patent number identified above.

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed or licensed or am under an obligation under contract or law to assign, grant, convey or license any rights in the invention is listed below:

- ☐ no such person, concern or organization.
☒ each such person, concern or organization listed below. **Note:** Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27).

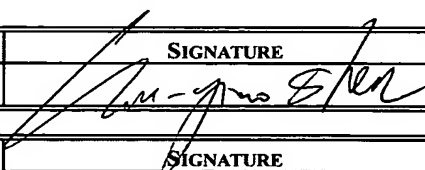
FULL NAME:	<input type="checkbox"/> Individual <input type="checkbox"/> Small Business Concern <input type="checkbox"/> NonProfit Organization
ADDRESS:	

FULL NAME:	<input type="checkbox"/> Individual <input type="checkbox"/> Small Business Concern <input type="checkbox"/> NonProfit Organization
ADDRESS:	

☐ See attached sheet for additional person(s) concern(s) or organization(s).

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine, or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which the verified statement is directed.

INVENTOR'S NAME	DATE	SIGNATURE
Yuan-Yao SHEN	Oct. 15, 2003	

INVENTOR'S NAME	DATE	SIGNATURE

INVENTOR'S NAME	DATE	SIGNATURE

INVENTOR'S NAME	DATE	SIGNATURE